

County: Door
 DOOR COUNTY MEMORIAL HOSPITAL SNF
 323 SOUTH 18TH AVENUE
 STURGEON BAY 54235 Phone:(920) 746-3719
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? Yes
 Number of Beds Set Up and Staffed (12/31/02): 30
 Total Licensed Bed Capacity (12/31/02): 30
 Number of Residents on 12/31/02: 30

Facility ID: 2770

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Ownership: Non-Profit Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 30

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | | | | Length of Stay (12/31/02) | | % |
|------------------------------------|-----|---|-------|------------|-------|---------------------------------|--|-------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 46.7 |
| Supp. Home Care-Personal Care | No | ----- | | ----- | | 1 - 4 Years | | 33.3 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 0.0 | More Than 4 Years | | 20.0 |
| Day Services | No | Mental Illness (Org./Psy) | 0.0 | 65 - 74 | 20.0 | | | ----- |
| Respite Care | No | Mental Illness (Other) | 0.0 | 75 - 84 | 23.3 | | | 100.0 |
| Adult Day Care | Yes | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 36.7 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 20.0 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 3.3 | | ----- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 3.3 | | 100.0 | (12/31/02) | | |
| Other Meals | No | Cardiovascular | 23.3 | 65 & Over | 100.0 | ----- | | |
| Transportation | No | Cerebrovascular | 13.3 | | ----- | RNs | | 17.6 |
| Referral Service | No | Diabetes | 10.0 | Sex | % | LPNs | | 12.6 |
| Other Services | No | Respiratory | 6.7 | ----- | | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 40.0 | Male | 30.0 | Aides, & Orderlies | | |
| Mentally Ill | No | | ----- | Female | 70.0 | 26.4 | | |
| Provide Day Programming for | | | 100.0 | | ----- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| Medicare (Title 18) | | | Medicaid (Title 19) | | | Other | | | Private Pay | | | Family Care | | | Managed Care | | | | | |
|------------------------|-----|-----|------------------------|-----|-------|---------------------|-----|-----|---------------------|-----|-------|---------------------|-----|-----|---------------------|-----|-----|---------------------|-------------------------|----------------|
| | | | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | Total Resi- dents | % Of All |
| Level of Care | No. | % | | | | | | | | | | | | | | | | | | |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Skilled Care | 0 | 0.0 | 0 | 16 | 100.0 | 120 | 0 | 0.0 | 0 | 14 | 100.0 | 155 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 30 | 100.0 |
| Intermediate | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 0 | 0.0 | | 16 | 100.0 | | 0 | 0.0 | | 14 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 30 | 100.0 |

| | | | | | | |
|--|------|--|-------------|--------------------------------------|-----------|-----------|
| ***** | | | | | | |
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02 | | | | |
| | | ----- | | | | |
| | | % Needing | | | | Total |
| Percent Admissions from: | | Activities of | % | Assistance of | % Totally | Number of |
| Private Home/No Home Health | 5.7 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 0.0 | Bathing | 0.0 | 56.7 | 43.3 | 30 |
| Other Nursing Homes | 8.6 | Dressing | 10.0 | 53.3 | 36.7 | 30 |
| Acute Care Hospitals | 74.3 | Transferring | 16.7 | 63.3 | 20.0 | 30 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Toilet Use | 13.3 | 66.7 | 20.0 | 30 |
| Rehabilitation Hospitals | 0.0 | Eating | 66.7 | 20.0 | 13.3 | 30 |
| Other Locations | 11.4 | ***** | | | | |
| Total Number of Admissions | 35 | Continence | % | Special Treatments | % | |
| Percent Discharges To: | | Indwelling Or External Catheter | 13.3 | Receiving Respiratory Care | 6.7 | |
| Private Home/No Home Health | 11.4 | Occ/Freq. Incontinent of Bladder | 50.0 | Receiving Tracheostomy Care | 0.0 | |
| Private Home/With Home Health | 8.6 | Occ/Freq. Incontinent of Bowel | 33.3 | Receiving Suctioning | 0.0 | |
| Other Nursing Homes | 8.6 | | | Receiving Ostomy Care | 0.0 | |
| Acute Care Hospitals | 14.3 | Mobility | | Receiving Tube Feeding | 0.0 | |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Physically Restrained | 0.0 | Receiving Mechanically Altered Diets | 33.3 | |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 11.4 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 45.7 | With Pressure Sores | 10.0 | Have Advance Directives | 96.7 | |
| Total Number of Discharges | | With Rashes | 10.0 | Medications | | |
| (Including Deaths) | 35 | | | Receiving Psychoactive Drugs | 46.7 | |

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

| | This Facility | Other Hospital-Based Facilities | All Facilities |
|--|---------------|---------------------------------|----------------|
| | % | % Ratio | % Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 100.0 | 87.4 1.14 | 85.1 1.17 |
| Current Residents from In-County | 96.7 | 84.3 1.15 | 76.6 1.26 |
| Admissions from In-County, Still Residing | 40.0 | 15.2 2.63 | 20.3 1.97 |
| Admissions/Average Daily Census | 116.7 | 213.3 0.55 | 133.4 0.87 |
| Discharges/Average Daily Census | 116.7 | 214.2 0.54 | 135.3 0.86 |
| Discharges To Private Residence/Average Daily Census | 23.3 | 112.9 0.21 | 56.6 0.41 |
| Residents Receiving Skilled Care | 100.0 | 91.1 1.10 | 86.3 1.16 |
| Residents Aged 65 and Older | 100.0 | 91.8 1.09 | 87.7 1.14 |
| Title 19 (Medicaid) Funded Residents | 53.3 | 65.1 0.82 | 67.5 0.79 |
| Private Pay Funded Residents | 46.7 | 22.6 2.06 | 21.0 2.22 |
| Developmentally Disabled Residents | 0.0 | 1.5 0.00 | 7.1 0.00 |
| Mentally Ill Residents | 0.0 | 31.3 0.00 | 33.3 0.00 |
| General Medical Service Residents | 40.0 | 21.8 1.84 | 20.5 1.95 |
| Impaired ADL (Mean)* | 53.3 | 48.9 1.09 | 49.3 1.08 |
| Psychological Problems | 46.7 | 51.6 0.90 | 54.0 0.86 |
| Nursing Care Required (Mean)* | 7.5 | 7.4 1.01 | 7.2 1.04 |